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ill in this information to identify your case:						
Debtor 1	Michael David Raymond					
	First Name	Middle Name	Last Name			
Debtor 2	Cheryl Lynn Rayr	nond				
Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY				
Case number	21-19595					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	189,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	105,954.69
	1c. Copy line 63, Total of all property on Schedule A/B	\$	294,954.69
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	171,377.01
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	105,709.88
	Your total liabilities	\$	277,086.89
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,376.90
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,814.86
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to
Off	cial Form 106Sum Summary of Your Access and Liabilities and Cortain Statistical Information		2290 1 of 2

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1/19/22 3:14PM **Michael David Raymond** Debtor 1 Case number (if known) 21-19595 Debtor 2 **Cheryl Lynn Raymond**

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

8,553.60

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

the court with your other schedules.

	Total claim	l e
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 2

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		Document	Pag	ge 3 of 22			1/1	9/22 3:14PM
ation to identify your	case:							
						1		

Debtor 1	Michael David Ra	ymond		
	First Name	Middle Name	Last Name	
Debtor 2	Cheryl Lynn Rayı	mond		
Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the: 21-19595	DISTRICT OF NEW JERSE	ΕΥ	
if known)				■ Check if this is an
				amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your

nam	e and case number (if known).	,	,,	pg, ,		
Pai	t 1: List All of Your PRIORITY Unsecured C	Claims				
1.	Do any creditors have priority unsecured claims ag	ainst you?				
	■ No. Go to Part 2.					
	☐ Yes.					
Pai	t 2: List All of Your NONPRIORITY Unsecu	red Claims				
3.	Do any creditors have nonpriority unsecured claim	s against you?				
	\square No. You have nothing to report in this part. Submit t	this form to the court with your other sch	edules.			
	■ Yes.					
4.	4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.					
				Total claim		
4.1	Asset Management/Nationwide	Last 4 digits of account number	41XX	\$444.00		
	Nonpriority Creditor's Name	-		·		
	545 Inman Street Cleveland, TN 37311	When was the debt incurred?	collection account opened: 07/17/2020	_		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharing	og plane, and other similar debts			
			01			
	☐ Yes	■ Other. Specify Collection	account			

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Page 4 of 22 1/19/22 3:14PM Debtor 1 Michael David Raymond 21-19595 Debtor 2 Cheryl Lynn Raymond Case number (if known) Asset Management/Nationwide \$228.00 4.2 Last 4 digits of account number 41XX Nonpriority Creditor's Name **Date collection account** 545 Inman Street When was the debt incurred? opened: 07/17/2020 Cleveland, TN 37311 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection account ☐ Yes 4.3 Asset Management/Nationwide Last 4 digits of account number **41XX** \$227.00 Nonpriority Creditor's Name date collection account 545 Inman Street When was the debt incurred? opened: 07/17/20 Cleveland, TN 37311 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify collection account 4.4 Asset Management/Nationwide Last 4 digits of account number 41XX \$379.00 Nonpriority Creditor's Name date collection account 545 Inman Street When was the debt incurred? opened: 07/17/2020 Cleveland, TN 37311 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Collection account

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Debtor 1 Michael David Raymond 21-19595 Debtor 2 Cheryl Lynn Raymond Case number (if known) Asset Management/Nationwide \$247.00 4.5 Last 4 digits of account number **54XX** Nonpriority Creditor's Name date collection account 545 Inman Street When was the debt incurred? opened: 07/17/20 Cleveland, TN 37311 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection account ☐ Yes 4.6 Asset Management/Nationwide Last 4 digits of account number 22XX \$959.00 Nonpriority Creditor's Name date collection account 545 Inman Street When was the debt incurred? opened: 08/28/20 Cleveland, TN 37311 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection account 4.7 Asset Management/Nationwide Last 4 digits of account number **49XX** \$1,206,00 Nonpriority Creditor's Name **Date collection account** 545 Inman Street When was the debt incurred? opened: 01/29/2021 Cleveland, TN 37311 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Collection account Other. Specify

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Debto Debto	r 1 Michael David Raymond r 2 Cheryl Lynn Raymond		Case number (if known) 21-19595		
4.8	AtlantiCare Physicians Group	Last 4 digits of account number	3770	\$110.00	
_	Nonpriority Creditor's Name PO Box 786061 Philadelphia, PA 19178-6061	When was the debt incurred?	08/12/2021		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	Obligations arising out of a separation agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharir	g plans, and other similar debts		
	Yes	Other. Specify Medical Bil	<u> </u>		
4.9	Barclay's Bank of Delaware	Last 4 digits of account number	0345	\$921.00	
	Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899	When was the debt incurred?	Date account opened: 03/09/2020		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.		or onesit air that apply		
	Debtor 1 only	☐ Contingent	☐ Contingent		
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	d claim:			
	\square Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	No	<u></u>	□ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify Credit Card			
4.1					
0	Barclay's Bank of Delaware	Last 4 digits of account number	<u>0188</u>	\$974.00	
	Nonpriority Creditor's Name PO Box 8803 Wilmington, DE 19899	When was the debt incurred?	Date account opened: 09/15/2013		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another				
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts		
	☐ Yes	■ Other. Specify Credit Card			
		- Other. Specify			

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Barclay's Bank of Delaware Nonpriority Creditor's Name	Last 4 digits of account number	0345	\$3,881.0
,		Date account opened:	
PO Box 8803 Wilmington, DE 19899	When was the debt incurred?	03/09/2020	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims		
No	☐ Debts to pension or profit-sharin		
Yes	Other. Specify Credit Card	l Debt	
Bayfront Emergency Physician	Last 4 digits of account number	5366	\$380.94
Nonpriority Creditor's Name 56 W. Main Street	When was the debt incurred?	08/28/2021	
Suite 305		00/20/2021	
Newark, DE 19702-1503			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	O continuent		
Debtor 2 only	☐ Contingent		
■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
■ Debtor Fand Debtor 2 only At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ At least one or the debtors and another ☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify Medical Bil		
Bayfront Emergency Physicians Nonpriority Creditor's Name	Last 4 digits of account number	9920	\$481.00
PO Box 3012 Wilmington, DE 19804-0012	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	Dobts to possion or profit sharin	g plans, and other similar debts	
No	Debts to perision or profit-sharin	g plans, and other similar debts	

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Debtor Debtor	Michael David Raymond Cheryl Lynn Raymond		Case number (if known) 21-19595	
4.1	BBVA USA	Last 4 digits of account number	3829	\$9,906.00
	PO Box 11830 Birmingham, AL 35202	When was the debt incurred?	Date account opened: 04/03/2019	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Student loans	aration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Charged-or		
4.1	Capital One	Last 4 digits of account number	4709	\$4,973.00
	PO Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Dae account opened: 11/04/2018	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans	d claim: aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Credit Card	d Debt	
4.1	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	7805	\$57.00
	PO Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Date account opened: 01/27/2015	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Card	d Debt	

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Debto	or 1 Michael David Raymond or 2 Cheryl Lynn Raymond		Case number (if known) 21-19595		
4.1 7	Capital One	Last 4 digits of account number	7805	\$4,267.00	
	Nonpriority Creditor's Name	-	Data assumt annuals		
	PO Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Date account opened: 11/18/2013		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Credit Card	Debt		
4.1 8	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	7805	\$976.00	
	PO Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Date account opened: 11/18/013		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing			
	☐ Yes	Other. Specify Credit Card			
4.1 9	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	4709	\$16,958.00	
	PO Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	Date account opened: 10/18/2018		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another				
	☐ Check if this claim is for a community ☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	 ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts 		
	■ No	Debts to pension or profit-sharing			
	□ Yes	■ Other. Specify Charged-of	f account		
		— Suiton Opcomy			

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Debtor Debtor	1 Michael David Raymond 2 Cheryl Lynn Raymond		Case number (if known) 21-19595	
4.2	Capital One	Last 4 digits of account number	xxxx	\$1,929.00
	Nonpriority Creditor's Name PO Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	date account opened: 08/30/2016	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card	01	
4.2	Capital One	Last 4 digits of account number	6645	\$746.00
	Nonpriority Creditor's Name PO Box 31293 Salt Lake City, UT 84131	When was the debt incurred?	date account opened: 07/09/2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
	■ No □ Yes	Other. Specify Credit Card		
4.2	Citibank/Home Depot	Last 4 digits of account number	3532	\$6,247.00
	Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117	When was the debt incurred?	Date account opened: 10/14/2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	■ Other. Specify Charged-of	† account	

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	ichael David Raymond neryl Lynn Raymond		Case number (if known) 21-19595	
4.2 3 Cred	dit Card/FB&T	Last 4 digits of account number	7332	\$1,953.00
	riority Creditor's Name	-		
_	Box 84064 ımbus, GA 31908	When was the debt incurred?	Date account opened: 07/16/2015	
	per Street City State Zip Code incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ De	ebtor 1 only	☐ Contingent		
□ De	ebtor 2 only	☐ Unliquidated		
□ De	ebtor 1 and Debtor 2 only	☐ Disputed		
☐ At	least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
□ сі	neck if this claim is for a community	☐ Student loans		
debt Is the	claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	0	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Ye	es	■ Other. Specify Credit Card	Debt	
4	dit One Bank riority Creditor's Name	Last 4 digits of account number	4796	\$6.00
PO I	Box 98875 Vegas, NV 89193	When was the debt incurred?	Date account opened: 07/08/2016	
Numb	her Street City State Zip Code incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
□ De	ebtor 1 only	☐ Contingent		
■ De	ebtor 2 only	☐ Unliquidated		
□ De	ebtor 1 and Debtor 2 only	☐ Disputed		
☐ At	least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
□ сі	neck if this claim is for a community	☐ Student loans		
debt		Obligations arising out of a sepa		
_	claim subject to offset?	report as priority claims		
■ No		☐ Debts to pension or profit-sharin	• • • • • • • • • • • • • • • • • • • •	
□ Y€	es	Other. Specify Credit Card	Debt	
•	V Funding (Resurgent)	Last 4 digits of account number	7805	\$637.00
PO I	Box 1269 enville, SC 29602	When was the debt incurred?	Date debt purchased: 12/23/2020	
Numb	her Street City State Zip Code incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ De	ebtor 1 only	☐ Contingent		
□ De	ebtor 2 only	Unliquidated		
□ De	ebtor 1 and Debtor 2 only	☐ Disputed		
	least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
□сі	neck if this claim is for a community	☐ Student loans		
debt Is the	claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No)	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Ye	es	■ Other. Specify Original Cre		

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Debtor 1 Michael David Raymond 21-19595 Debtor 2 Cheryl Lynn Raymond Case number (if known) 4.2 **Resurgent Acquisitions, LLC** 7821 \$7,509.95 Last 4 digits of account number 6 Nonpriority Creditor's Name c/o Resurgent Capital Services, LP When was the debt incurred? 55 Beattie Place Suite 110 Greenville, SC 29601 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Debt Purchased** Other. Specify ☐ Yes **Original Creditor: Citi** 4.2 \$1,206.80 **Shore Medical Center** 4941 Last 4 digits of account number Nonpriority Creditor's Name 100 Medical Center Way When was the debt incurred? Somers Point, NJ 08244 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other, Specify Medical Bill 4.2 **Shore Medical Center** Last 4 digits of account number 8193 \$1,010.79 8 Nonpriority Creditor's Name 1 E. New York Avenue When was the debt incurred? 03/18/2021 Somers Point, NJ 08244 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bill ☐ Yes

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or 2 Cheryl Lynn Raymond		Case number (if known) 21-19595	
Shore Medical Center	Last 4 digits of account number	5366	\$269.40
Nonpriority Creditor's Name PO Box 6768	When was the debt incurred?	08/28/2021	<u> </u>
Wyomissing, PA 19610	_		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	Student loans	and the second s	
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Medical Bil	I (Daughter)	
Shore Medical Center	Last 4 digits of account number	4161	\$1,579.00
Nonpriority Creditor's Name PO Box 6768	When was the debt incurred?	03/18/2021	
Wyomissing, PA 19610 Number Street City State Zip Code	As of the date you file, the claim	in Charle all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан тат арру	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	_ '		
	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	☐ Student loans		
☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	adding agreement of arrefee and you are not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Medical Bill	I (daughter)	
SYNCB/Lowes	Last 4 digits of account number	8192	\$6,273.00
Nonpriority Creditor's Name	_		
PO Box 965005 Orlando, FL 32896-5005	When was the debt incurred?	Date account opened: 02/23/2015	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing		
Yes	■ Other. Specify Charged-or	ff account	

Debtor 1 Michael David Raymond

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Debtor Debtor	r 1 Michael David Raymond r 2 Cheryl Lynn Raymond		Case number (if known) 21-19595			
4.3	SYNCB/Lowes	Last 4 digits of account number		\$7,941.00		
	Nonpriority Creditor's Name	_				
	PO Box 965005 Orlando, FL 32896-5005	When was the debt incurred?	date account opened: 01/26/2015			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts			
	Yes	■ Other. Specify Charged-o	ff account			
	165	Other. Specify	n docount			
4.3	SYNCB/PPC	Last 4 digits of account number	4419	\$7,902.00		
	Nonpriority Creditor's Name		Data account anonad:			
	PO Box 530975 Orlando, FL 32896	When was the debt incurred?	Date account opened: 06/18/2015			
	Number Street City State Zip Code	As of the date you file, the claim				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Charged-o	ff account			
4.3	SYNCB/PPC	Last 4 digits of account number	4419	\$9,000.00		
	Nonpriority Creditor's Name PO Box 530975	When was the debt incurred?	account opened: 03/03/2018	<u>.</u>		
	Orlando, FL 32896		. 0			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim				
	<u> </u>	Пол				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans				
	Check if this claim is for a community debt	☐ Obligations arising out of a sep	aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	ag plane, and other similar dakts			
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Charged-o	π account			

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	Michael David Raymond Cheryl Lynn Raymond		Case n	umber (if known)	21-19595	
1.3 We	ells Fargo	Last 4 digits of account number	6542	!		\$3,925.00
Nor	priority Creditor's Name				_	
) Box 14517 s Moines, IA 50306	When was the debt incurred?		account opene 9/2019	∍d: 	
Nun	nber Street City State Zip Code o incurred the debt? Check one.	As of the date you file, the claim	is: Checl	k all that apply		
_	Debtor 1 only	Пол				
_	Debtor 2 only	Contingent				
_	,	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
	At least one of the debtors and another	Student loans	u Ciaiii.			
deb		☐ Obligations arising out of a sep	aration aç	greement or divorce t	that you did not	
_	he claim subject to offset?	report as priority claims				
■ 1		Debts to pension or profit-shari	•		DTS	
ш	Yes	Other. Specify Credit Care	u Debi			
Part 3:	ist Others to Be Notified About a Del	bt That You Already Listed				
is trying to	age only if you have others to be notified a o collect from you for a debt you owe to so than one creditor for any of the debts tha r any debts in Parts 1 or 2, do not fill out o	meone else, list the original creditor in t you listed in Parts 1 or 2, list the add	n Parts 1	or 2, then list the c	collection agency her	e. Similarly, if you
Name and A	ddress	On which entry in Part 1 or Part 2 did you	u list the c	original creditor?		
-	0 , ,	Line 4.12 of (Check one):	☐ Part 1:	Creditors with Priorit	ty Unsecured Claims	
56 W. Mai		ı	Part 2:	Creditors with Nonpr	riority Unsecured Clair	ms
Suite 305 Newark T	DE 19702-1503					
ivewaik, L		Last 4 digits of account number				
Name and Ad		On which entry in Part 1 or Part 2 did you Line 4.27 of (<i>Check one</i>):		•	ty Unsecured Claims	
PO Box 8		<u> </u>	_		riority Unsecured Clair	ms
Cleveland	d, TN 37320-8005	Last 4 digits of account number		941	,	
Name and A	ddress	On which entry in Part 1 or Part 2 did you	ı list the c	original creditor?		
			_	•	ty Unsecured Claims	
PO Box 6			Part 2:	Creditors with Nonpi	riority Unsecured Clair	ms
Baltimore	e, MD 21264-2850	Last 4 digits of account number				
Name and Ad Shore Me		On which entry in Part 1 or Part 2 did you Line 4.29 of (Check one):		-	ty Unsecured Claims	
PO Box 4	_	<u> </u>	_		riority Unsecured Clair	ms
Philadelp	hia, PA 19101-2972	Last 4 digits of account number				
Name and Ad Transwor PO Box 1	ld Systems, Inc.		Part 1:	Creditors with Priorit	ty Unsecured Claims riority Unsecured Clair	
	on, DE 19850-5520	Last 4 digits of account number	■ Part 2:	Creditors with Nonpi	nority Unsecured Ciair	TIS
	Add the Amounts for Each Type of Ur					
	amounts of certain types of unsecured clai secured claim.	ms. This information is for statistical	reporting	purposes only. 28	U.S.C. §159. Add the	e amounts for each
				Total (
Γotal	6a. Domestic support obligations	5	6a.	\$	0.00	
claims from Part 1	6b. Taxes and certain other debts	s you owe the government	6b.	\$	0.00	
		injury while you were intoxicated	6c.	\$	0.00	

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	1 Michael David Raymond 2 Cheryl Lynn Raymond		Case number (if known)		21-19595	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00	
Total	6f.	Student loans	6f.	Total	Claim 0.00	
claims from Part 2	e 6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ *	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	105,709.88	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	105,709.88	

Fill in this information to identify your case:					
Debtor 1	Michael David Raymond				
	First Name	Middle Name	Last Name		
Debtor 2	Cheryl Lynn Rayr	nond			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY			
Case number	21-19595				
(if known)					

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
D	id you pay or agree to pay someone who is NOT a	n attorney to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	nder penalty of perjury, I declare that I have read th at they are true and correct.	ne summary and schedules filed with this declaration and
Х	/s/ Michael David Raymond Michael David Raymond Signature of Debtor 1	X /s/ Cheryl Lynn Raymond Cheryl Lynn Raymond Signature of Debtor 2

Official Form 106Dec

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United States Bankruptcy CourtDistrict of New Jersey

In re	Michael David Raymond Cheryl Lynn Raymond		Case No.	21-19595
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: January 19, 2022 /s/ Michael David Raymond
Michael David Raymond
Signature of Debtor

Date: January 19, 2022 /s/ Cheryl Lynn Raymond
Cheryl Lynn Raymond

Signature of Debtor

Asset Management/Nationwide 545 Inman Street Cleveland, TN 37311

AtlantiCare Physicians Group PO Box 786061 Philadelphia, PA 19178-6061

Barclay's Bank of Delaware PO Box 8803 Wilmington, DE 19899

Barclay's Bank of Delaware PO Box 8803 Wilmington, DE 19899

Barclay's Bank of Delaware PO Box 8803 Wilmington, DE 19899

Bayfront Emergency Physician 56 W. Main Street Suite 305 Newark, DE 19702-1503

Bayfront Emergency Physicians PO Box 3012 Wilmington, DE 19804-0012

Bayfront Emergency Physicians 56 W. Main Street Suite 305 Newark, DE 19702-1503

BBVA USA PO Box 11830 Birmingham, AL 35202

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One PO Box 31293 Salt Lake City, UT 84131 Citibank/Home Depot PO Box 6500 Sioux Falls, SD 57117

Credit Card/FB&T PO Box 84064 Columbus, GA 31908

Credit One Bank PO Box 98875 Las Vegas, NV 89193

Flagstar Bank 5151 Corporate Drive Troy, MI 48098

Ford Motor Credit PO Box 542000 Omaha, NE 68154

Ford Motor Credit P.O. Box 650574 Dallas, TX 75265-0574

Lakeview PO Box 660263 Dallas, TX 75266-0263

LVNV Funding (Resurgent) PO Box 1269 Greenville, SC 29602

Nationwide Recovery Service PO Box 8005 Cleveland, TN 37320-8005

Receivables Outsourcing, LLC PO Box 62850 Baltimore, MD 21264-2850

Resurgent Acquisitions, LLC c/o Resurgent Capital Services, LP 55 Beattie Place Suite 110 Greenville, SC 29601

Shore Medical Center 100 Medical Center Way Somers Point, NJ 08244

Shore Medical Center 1 E. New York Avenue Somers Point, NJ 08244

Shore Medical Center PO Box 6768 Wyomissing, PA 19610

Shore Medical Center PO Box 6768 Wyomissing, PA 19610

Shore Medical Center PO Box 42972 Philadelphia, PA 19101-2972

SYNCB/Lowes PO Box 965005 Orlando, FL 32896-5005

SYNCB/Lowes PO Box 965005 Orlando, FL 32896-5005

SYNCB/PPC PO Box 530975 Orlando, FL 32896

SYNCB/PPC PO Box 530975 Orlando, FL 32896

Transworld Systems, Inc. PO Box 15520 Wilmington, DE 19850-5520

Wells Fargo PO Box 14517 Des Moines, IA 50306